

County Approver Certification MC5273 (03/13)
For Access to Confidential Mental Health Information

County: _____

To ensure the confidentiality of county mental health data, the Department of Health Care Services, Information Technology Web Services (DHCS-ITWS) requests the county mental health director designate a primary and a secondary contact to be responsible for approving county staff requests for access to confidential patient data in the systems listed below. Please complete the information below and e-mail the form to "DHCSMHSDAPPCert@dhcs.ca.gov". If you have any questions, please contact MHSD-App-Cert group via above mentioned e-mail.

Primary Approver:

First Name: _____ Last Name: _____

Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Primary Approver's Signature: _____
 (Signer acknowledges having read [Letter No. 99-02](#) regarding **Confidentiality of Client Information**)

Secondary Approver:

First Name: _____ Last Name: _____

Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Secondary Approver's Signature: _____
 (Signer acknowledges having read [Letter No. 99-02](#) regarding **Confidentiality of Client Information**)

Appointed Vendor(s): (If applicable)

The vendor listed below has the authority to receive, send and process the above named county's confidential mental health information as indicated below. The vendor will establish its own primary and secondary approving contacts.

Vendor Name: _____

Vendor Contact Name: _____ Phone Number: _____

Mental Health Systems:

Please check the systems for which the above individuals and/or vendors may authorize access requests:

- | | |
|--|--|
| <input type="checkbox"/> CFRS Cost and Financial Reporting System | <input type="checkbox"/> POQI Performance Outcome Quality Improvement
(aka Consumer Perception Survey) |
| <input type="checkbox"/> MHSA Mental Health Services Act | <input type="checkbox"/> PRV/LE Provider/Legal Entity |
| <input type="checkbox"/> MMEF Monthly MEDS Extract File | <input type="checkbox"/> SD/MC Short-Doyle/Medi-Cal Claims |
| | <input type="checkbox"/> SDA Statistics and Data Analysis
(aka Mental Health Analytics) |

County Mental Health Director Certification:

I designate the above individuals (and vendor, if applicable) to have independent authority to approve access requests to specific confidential mental health patient data. DHCS-ITWS may rely on approvals, denials, and changes made by the above individuals/vendor in its processing of access requests to this county's data in the systems listed above. As changes occur to the above approving contacts or vendor information (name, phone, e-mail), I will sign an updated certification and forward it to "DHCSMHSDAPPCert@dhcs.ca.gov". Also, I acknowledge reading [Letter No. 99-02](#) regarding **Confidentiality of Client Information**.

 County Mental Health Director (Signature)

 Printed

 Date